

Revision: HCFA-PM-91-10
1991

ATTACHMENT 2.2-A
Page 9a.1
OMB NO: 0938-

State/Territory: Mississippi

Agency*	Citation(s)	Groups Covered
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A.	<u>Mandatory Coverage – Categorically Needy and Other Required Special Groups (Continued)</u>	
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- | | | |
|------|---|--|
| 24a. | Disabled widows and widowers and disabled surviving divorced spouses who would be eligible for SSI except for Division of Medicaid entitlement to an OASDI benefit resulting would be eligible for SSI except for entitlement to an OASDI benefit, and who are deemed, for the purposes of title XIX, to be SSI recipients under 1634 of the Act. | |
|------|---|--|

*Agency that determined eligibility for coverage

TN No.: 04-010
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TN No.: 92-03

Approval Date: 03/14/05

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Revision: HCFA-PM-93-2 (MB)
MARCH 1993

ATTACHMENT 2.2-A
Page 9b
OMB NO.: 0938-

State/Territory: Mississippi

Agency* Citation(s) Groups Covered

A. Mandatory Coverage - Categorically Needy and Other
Required Special Groups (Continued)

1902(a)(10)(E)(i)
and 1905(p) of
the Act
Division of Medicaid

25. Qualified Medicare beneficiaries--

- a. who are entitled to hospital insurance benefits under Medicare Part A, (but not pursuant to an enrollment under section 1818A of the Act);
- b. whose income does not exceed 100 percent of the Federal poverty level; and
- c. whose resources do not exceed twice the maximum standard under SSI.

(Medical assistance for this group is limited to Medicare cost-sharing as defined in item 3.2 of this plan.)

1902(a)(10)(E)(ii)
1905(s) and
1905(p)(3)(A)(i)
of the Act
Division of Medicaid

26. Qualified disabled and working individuals—

- a. who are entitled to hospital insurance benefits under Medicare Part A under section 1818A of the Act;
- b. whose income does not exceed 200 percent of the Federal poverty level; and
- c. whose resources do not exceed twice the maximum standard under SSI.
- d. who are not otherwise eligible for medical assistance under Title XIX of the Act.

(Medical assistance for this group is limited to Medicare Part A premiums under section 1818A of the Act.)

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Page 9b.1
OMB NO.: 0938-

State/Territory: Mississippi

Agency* Citation(s) Groups Covered

A. Mandatory Coverage - Categorically Needy and Other
Required Special Groups (Continued)

1902(a)(10)(E)(iii)
and 1905(p)(3)(A)(ii)
of the Act
Division of Medicaid

27. Specified low-income Medicare beneficiaries—
- a. who are entitled to hospital benefits under Medicare Part A (but not pursuant to an enrollment under section 1818A of the Act);
 - b. whose income for calendar years 1993 and 1994 exceeds the income level in 25.b., but is less than 110 percent of the Federal poverty level, and whose income for calendar years beginning 1995 is less than 120 percent of the Federal poverty level; and
 - c. whose resources do not exceed twice the maximum standard under SSI.

(Medical assistance for this group is limited to Medicare Part B premiums under section 1839 of the Act.)

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Page 9b.2
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State/Territory: Mississippi

Agency* Citation(s) Groups Covered

A. Mandatory Coverage - Categorically Needy and Other
Required Special Groups (Continued)

1634(c)
the Act

28. a. Each person to whom SSI benefits by reason of disability are not payable for any month solely by reason of clause (i) or (v) of section 1611(e)(3)(A) shall be treated, for purposes of Title XIX, as receiving SSI benefits for the month.
- b. The State applies more restrictive eligibility standards than those under SSI.

Individuals whose eligibility for SSI benefits are based solely on disability who are not payable for any months solely by reason of clause (i) or (v) of section 1611(e)(3)(A), and who continue to meet the more restrictive requirements for Medicaid eligibility under the State Plan, are eligible for Medicaid as categorically needy.

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August 1991

ATTACHMENT 2.2-A
Page 9c
OMB No.: 0938-

State/Territory: Mississippi

Agency*	Citation(s)	Groups covered
IV-A	B.	<u>Optional Groups Other Than the Medically Needy</u>
42 CFR 435.210 1902(a) (10)(A)(ii) and 1905(a) of the Act	<input type="checkbox"/> 1.	Individuals described below who meet the income and resources requirements of AFDC, SSI, or an optional state supplement as specified in 42 CFR 435.230, but who do not receive cash assistance. <input type="checkbox"/> The plan covers all individuals as described above. <input type="checkbox"/> The plan covers only the following group or groups of individuals: — Aged — Blind — Disabled — Caretaker relatives — Pregnant women
Section 1902 (v)(1) (42 U.S.C. 1396(a)	<input type="checkbox"/>	The plan covers individuals not receiving SSI who the State finds blind or disabled and who are determined otherwise eligible for assistance during the period of time prior to which a final determination of disability or blindness is made by Social Security Administration. The State applies the definitions of disability and blindness found in Section 1614 (a) of the Social Security Act.
42 CFR 435.211 Division of Medicaid	<input checked="" type="checkbox"/> 2.	Individuals who would be eligible for AFDC, SSI or an optional State supplement as specified in 42 CFR 435.230, if they were not in a medical institution.

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Agency*	Citation(s)	Groups Covered
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IV-A	B.	<u>Optional Groups Other Than the Medically Needy</u> (Continued)
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42 CFR 435.212 &
1902(e)(2) of the
Act, P.L. 99-272
(section 9517) P.L.
101-508 (section 4732)

3. The State deems as eligible those individuals who became otherwise ineligible for Medicaid while enrolled in an HMO qualified under Title XIII of the Public Health Service Act or while enrolled in an entity described in section 1903(m)(2)(B)(111), (E) or (G) or 1903(m)(6) of the Act, or a Competitive Medical Plan (CHP) with a Medicare contract under section 1876 of the Act, but who have been enrolled in the HMO or entity for less than the minimum enrollment period listed below. The HMO or entity must have a risk contract as specified in 42 CFR 434.20(a). Coverage under this section is limited to HMO services and family planning services described in section 1905(a)(4)(C).

— The State elects not to guarantee eligibility.

— The State elects to guarantee eligibility. The minimum enrollment period is ___ months (not to exceed six).

The State measures the minimum enrollment period from:

— The date beginning the period of enrollment in the HMO or other entity, without any intervening disenrollment, regardless of Medicaid eligibility.

— The date beginning the period of enrollment in the HMO as a Medicaid patient (including periods when payment is made under this section), without any intervening disenrollment.

*Agency that determined eligibility for coverage

State/Territory: Mississippi

Agency* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

— The date beginning the last period of enrollment in the HMO as a Medicaid patient (not including periods when payment is made under this section), without any intervening disenrollment of periods of enrollment as a privately paying patient. (A new minimum enrollment period begins each time the individual becomes Medicaid eligible other than under this section.)

1903(M)(2)(F)
of the Act,
P.L. 98-369
(section 2364),
P.L. 99-272
(section 9517),
P.L. 101-508
(section 4732)

The Medicaid Agency may elect to restrict the disenrollment rights of Medicaid enrollees of certain Federally qualified HMOs Competitive Medical Plans (CMPS) with Medicare contracts under section 1876 of the Act, and other organizations described in 42 CFR 434.27(d), in accordance with the regulations at 42 CFR 434.27. This requirement applies unless a recipient can demonstrate good cause for disenrolling or if he/she moves out of the entity's service area or becomes ineligible.

— Disenrollment rights are restricted for a period of ____ months (not to exceed 6 months).

During the first month of each enrollment period the recipient may disenroll without cause. The State will provide notification, at least twice per year, to recipients enrolled with such organization of their right to and restrictions of terminating such enrollment.

— No restrictions upon disenrollment rights.

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State/Territory: Mississippi

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

1903(m)(2)(H),
1902(a)(52) of
the Act
P.L. 101-508
(section 4732)

In the case of individuals who have become ineligible for of Medicaid for the brief period described in section 1903(m)(2)(H) and who were enrolled with an entity having a contract under section 1903(m) when they became ineligible, the Medicaid agency may elect to reenroll those individuals in the same entity if that entity still has a contract.

- The agency elects to reenroll the above individuals who are ineligible in a month but in the succeeding two months become eligible, into the same entity in which they were enrolled at the time eligibility was lost.
- The agency elects not to reenroll above individuals into the same entity in which they were previously enrolled.

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State/Territory: Mississippi

Agency*	Citation(s)	Groups Covered
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IV-A

B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.217

- | | | |
|---|----|--|
| — | 4. | A group or groups of individuals who would be eligible for Medicaid under the plan if they were in a NF or an ICF/MR, who but for the provision of home and community-based services under a waiver granted under 42 CFR Part 441, Subpart G would require institutionalization, and who will receive home and community-based services under the waiver. The group or groups covered are listed in the waiver request. This option is effective on the effective date of the State's section 1915(c) waiver under which this group(s) is covered. In the event an existing 1915(c) waiver is amended to cover this group(s), this option is effective on the effective date of the amendment. |
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*Agency that determined eligibility for coverage

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State/Territory: Mississippi

Agency* Citation(s) Groups Covered

IV-A
Division of
Medicaid

B. Optional Groups Other Than the Medically Needy
(Continued)

1902(a)(10)
(A)(ii)(VII)
of the Act

/x / 5. Individuals who would be eligible for
Medicaid under the plan if they were in a
medical institution, who are terminally
ill, and who receive hospice care in
accordance with a voluntary election
described in section 1905(o) of the Act.

/ / The State covers all individuals as described
above.

/x/ The State covers only the following group or
groups of individuals:

<u>x</u>	Aged
<u>x</u>	Blind
<u>x</u>	Disabled
—	Individuals under the age of--
—	21
—	20
—	19
—	18
—	Caretaker relatives
—	Pregnant women

*Agency that determined eligibility for coverage

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